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Inaugural Essay

on

Hemorrhoids.

For the Degree of Doctor of Medicine  
in the University of  
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By John Wilson Hunt  
of

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The disease which I have chosen as the subject of my Inaugural Thesis, is "Hemorrhoids". The term literally signifies "a flow of blood" but in Medical language, is limited in its import to a sanguineous discharge, occurring more or less frequently from the lower part of the Rectum, or to tumours formed beneath the mucous membrane in the immediate vicinity of the anus.

These appearances are generally preceded by a sense of fulgur, heat, itching & pain about the lower end of the intestine - caused by an increased flow of blood toward the part or by pressure on the veins preventing its reflux. The afflux



is sometimes considerable & connected with a febrile state of the system at large; we then find pain in the head back & limbs parched mouth, tenderness of the abdomen with other symptoms of an excited circulation. The inflammation of the mucous membrane is occasionally so great as to cause a serous effusion from the anus, to which the French surgeons have appropriated the name "Hémorrhoides Blanches". This does not constitute a species of the disease but is similar in character to the thin acrid discharges that are thrown out often by the lining membrane of the Bronchia in cases of inflammation of that tissue.

At this time efforts at stool are productive of excruciating pain unless relieved by a flow of blood which



they sometimes induce from the part.  
This bleeding which is one of the terminations of the acute stage is denominated "Open piles" - It may continue for several days & may recur at regular periods for months or years.

Open Piles are attended with much less pain than the other species but when the discharge becomes habitual it cannot be suppressed without the superintention of those alarming and serious symptoms which attend the obstruction of long standing discharges generally -

When the feeling of fulness and tension about the anus that denotes the inception of the disease, is slight, it often disappears in a few days - a cure having been effected by resolu-





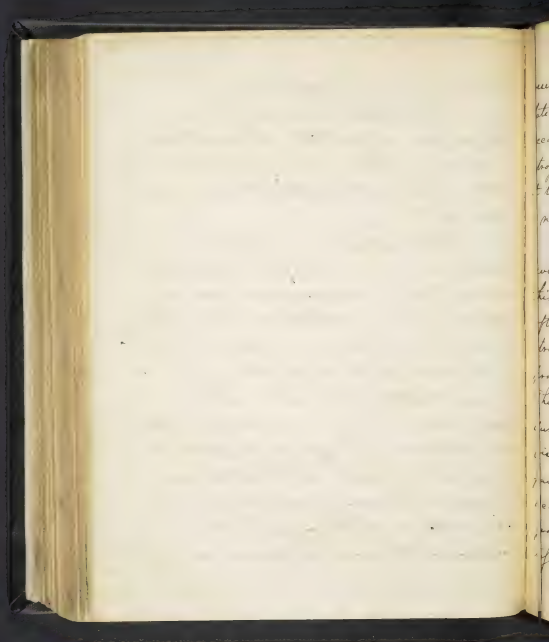
tion. But frequently when the turgescence of the part has continued for some time, tumours appear, constituting the second species of the disease & entitled "Blind Piles". These consist, in the first place of an effusion of blood between the mucous & muscular coats of the rectum, of ~~blood~~. At times they become surrounded by a cyst formed by adhesive inflammation & by accretion of the surrounding cellular substance. The tumours are at first round, shining & of a dark purple colour, the pain is sometimes acute & sometimes obtuse. If by proper treatment the inflammation is removed the effused blood is entirely absorbed & the distended skin appears loose and pendulous; - but if the irritation remains coagulable lymph is thrown out, & the



tumours become organised & fleshy.

These tumours through all their stages find a parallel in the swellings & excrecences that so frequently attend & follow inflammation of the tunica conjunctiva of the eye.

Internal piles are of the same nature & process, though less painful owing to their being surrounded by soft & yielding substances. When their number or extent, is great, they form a barrier to the excretion of feces & are productive of considerable inconvenience. They are in some instances protruded by efforts at stool, & if grasped by the sphincter ani muscle become exceedingly painful. The violence of the symptoms sometimes increase to such a degree as to



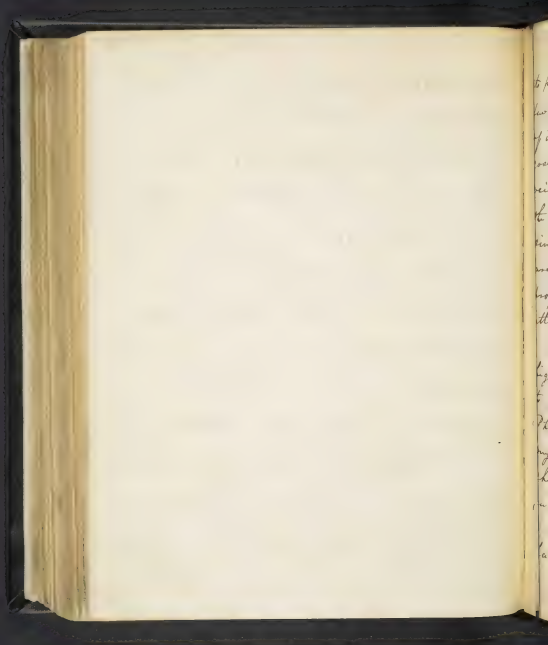
resemble those which accompany strangulated Hernia. The strangulation is occasionally sufficiently complete to destroy the vitality of the tumour & cause it to mortify & slough off thus effecting a natural cure.

As Abernethy remarks that the eversion is not always dependent on this mechanical cause but that it often arises from an "irritable and striving action of the bowels, which produces a kind of intussusception. Thus plaits of the bowels often descend during the expulsion of feces" & give rise to considerable & long continued pain. The patient will be at a loss to account for the cause, but if the surgeon introduce his finger the intussusception will be evident to him.



& on replacing the bowel in its proper situation, the symptoms will disappear & recur again only at the next effort at stool. If the bowel remain long without being replaced, it may become adapted to its unnatural position, thickened, hardened & form a permanent tumour which, if it at any time, become inflamed & puffed, will have the effect of drawing down more of the pulsation & increasing the diseases. The tumours thus formed should be treated in every respect as if they arose from the common causes of Hemorrhoids.

Although the Hemorrhoidal disease prevades every clasp of men & every climate and is always painful & disagreeable & often seriously so,

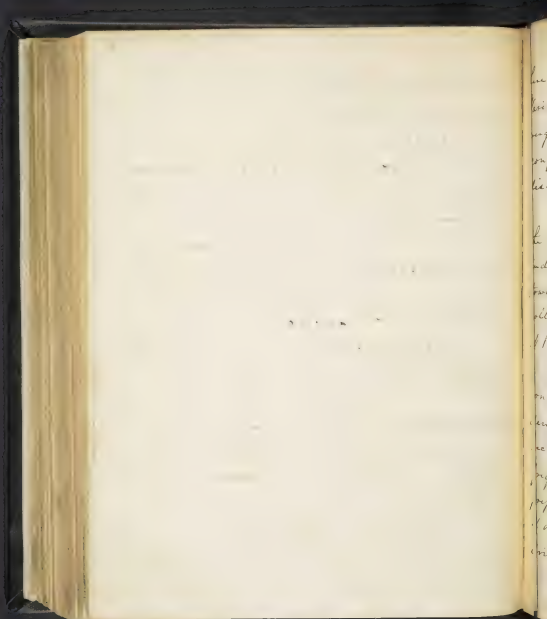




its pathology has been investigated by but few writers. Almost all who have spoken of it, suppose it to depend on a varicose enlargement of the Hemorrhoidal veins. Cullen was the first to suggest the true history of the complaint, & since his day a few French surgeons are almost the only members of the profession, who have devoted much attention to the subject.

Monteggia has written a very full, <sup>interesting</sup> highly & able account of the disease & to him & a paper read before the Philadelphia Medical Society by my present preceptor Dr. Harris, I am chiefly indebted for my ideas on this subject.

Repeated & careful inspections have rendered the views which I



line espous, almost indubitable.

Varicose veins may be situated on the verge of the anus, but should not be confounded with the Hemorrhoidal disease properly so called.

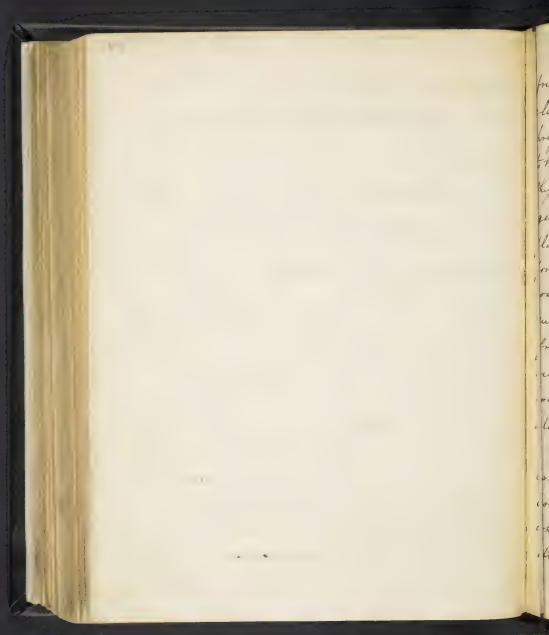
The itching, the heat, the pain & all the other concomitants of the disease indicate an increased flow of blood towards the rectum. The causes furnish collateral evidence of the same state of things.

It may be brought on by Habitual constipation, efforts to discharge hardened feces, foreign bodies in the rectum, as suppositories or worms, frequent use of warm injections, suppression of habitual discharges, abuse of drastic purges, heating aliment or drinks, pressure of the gravid uterus



on the veins leading from the pelvic vis-  
cera, inequalities of temperature particu-  
larly when caused by sitting on damp  
& cold seats.

Inhabitants of large cities indulge  
more freely in the luxuries that give  
rise to the exciting causes & are therefor  
more frequently attacked, by this  
disorder than those who reside in  
the country. No age or temperament  
is exempt from the disease though  
those of middle life & of bilious or pneu-  
matic temperament are most obnox-  
ious to it. It is sometimes hereditary  
& then appears at an early period of  
life; even children have suffered  
while very young, but this is of rare  
occurrence. Pregnant women are  
troubled with this affection, more



frequently, probably than any other  
 clap of persons, owing to both the  
 pressure of the uterus on the pectus &  
 to the habitual constipation, to which  
 they are liable. After delivery the piles  
 generally become reduced in size &  
 flabby, another reasonable foundation  
 for the inference that they are not varicose  
 veins; for one of the natural  
 cures of this last affection arises  
 from pressure of the uterus on the  
 veins causing coalescence of its sides -  
 coagulation of the blood & an oblitera-  
 tion of the diseased vessel.

The theory of their being varicose  
 enlargements is favoured by  
 constipation as one of the causes, but  
 when we reflect that they arise as  
 often from purging & irritation of

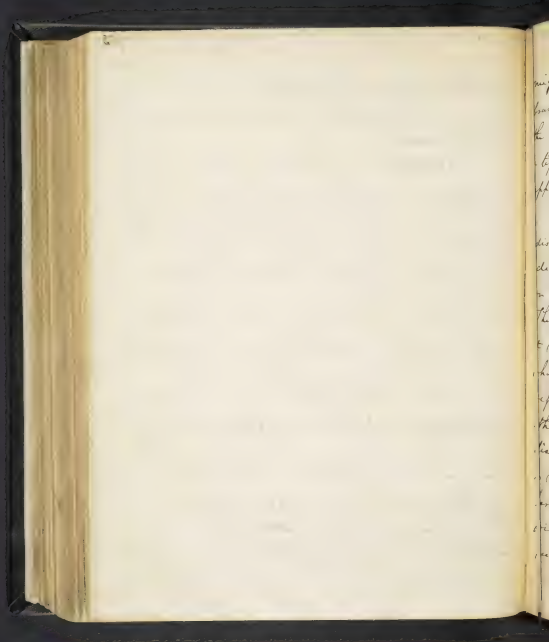
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any kind as from impacted feces, we are more disposed to credit other views of the case.

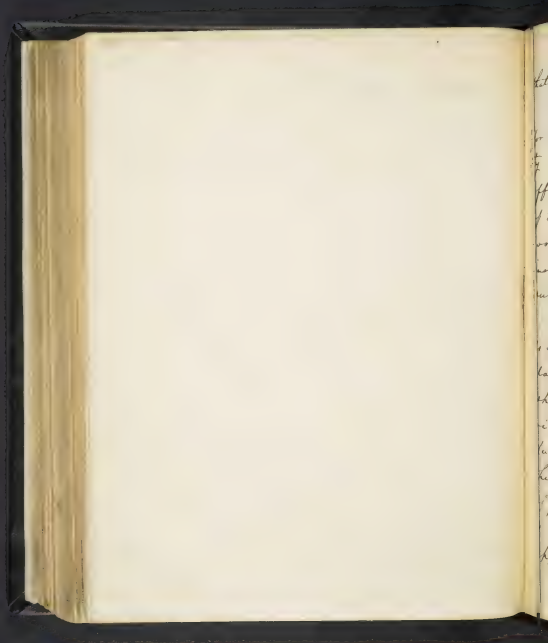
A stream of blood follows a lancet punctum of varicose veins & we would expect it to be certainly large in Hemorrhoidal vessels, which are known to have no valves, but these tumours when cut into are found in a large majority of cases, to be either fleshy excrescences or a men cyst containing a clot of blood.

On post mortem examination of patients who have suffered under open piles, rupture is as infrequently found as in the stomach & lungs of those who have suffered from Hematemesis or from Hæmoptysis. If rupture does usually take place, we



might expect to find the mucus membrane of the pectum, in persons where the hemorrhage has occurred frequently a tupe of cicatrices - whereas no such appearance is met with.

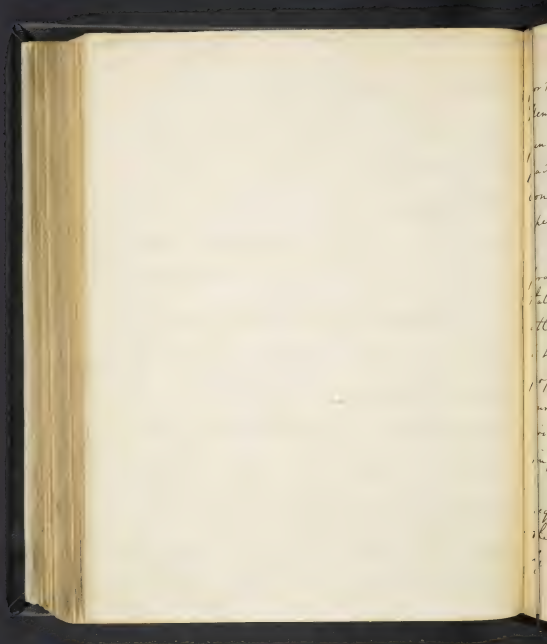
We observe that the blood that is discharged in open piles is often preceded by mucus or mixed with it, or on other occasions is emitted pure. Then, with other phenomena render it reasonable to attribute this hemorrhage, to the same state of the secreting vessels, that exists in bleedings from other parts of the mucus membrane. In disease, as in every other case, nature is remarkable for the simplicity of her laws, we would therefore go far wide of our mark if we were to seek different causes for diseases



that are so slowly analogous.

If open piles are to be accounted for in this way, we will find no difficulty in looking on blind piles as an effusion through the minute vessels of the cellular membrane, or in other words as a species of Patches action in its nature, the blood becoming surrounded by a cyst.

Treatments When the rectum is everted or the internal Hemorrhoidal tumours are protruded, they should be replaced by a previously oiled finger. The patient may be taught to do this, whenever necessary, himself. In this & every other variety of piles, his diet should be regulated & his bowels kept open by some mild aperient, & there is nothing better



for the purpose through every stage of the Hemorrhoidal disease, than the oleaginous mixture. Under this treatment, patients generally suffer so little inconvenience, that the necessity for an operation is averted.

Piles arise so often from a deranged state of the alimentary canal, that when we undertake a cure, the attention, should always be directed to that quarter & its irregularity, if possible, corrected, for it is out of our power to overcome the disease without having conquered the more influential affection.

General bleeding is oftentimes requisite & the necessity of regulating the diet, should be borne constantly in mind. If the pain or tumescence

*[Faint, illegible handwriting covering the majority of the page]*

*[Handwritten text visible along the right edge of the page, partially cut off]*



of the diseased part be great, or continue long, it will be incumbent on us to enforce a horizontal position & resort to bleeding by leeches, from the parts in the neighbourhood of the anus, topical depletion, in this, as in nearly all other cases of topical ~~dilatations~~, will be found to almost immediately palliate symptoms. This may be followed by frequently bathing the parts with a warm solution of the acetate of lead or opium or other soothing lotions. Cold applications to the seat ~~of the disease~~ of the disease, to the lower part of the abdomen, to the perineum or to the thighs, are also very efficient. One of the best topical applications as a palliative is stramonium made into the consistence of

The first of these is the  
 fact that the system is  
 not self-sufficient. It  
 is dependent on the  
 outside world for  
 many of its needs.  
 This is a serious  
 weakness, and it  
 must be remedied  
 if the system is to  
 survive. The second  
 point is that the  
 system is not  
 flexible. It is  
 rigid and inflexible,  
 and it cannot adapt  
 to changing  
 circumstances. This  
 is another serious  
 weakness, and it  
 must be remedied  
 if the system is to  
 survive. The third  
 point is that the  
 system is not  
 efficient. It is  
 wasteful and  
 inefficient, and it  
 cannot be improved  
 without a complete  
 overhaul. This is  
 another serious  
 weakness, and it  
 must be remedied  
 if the system is to  
 survive.

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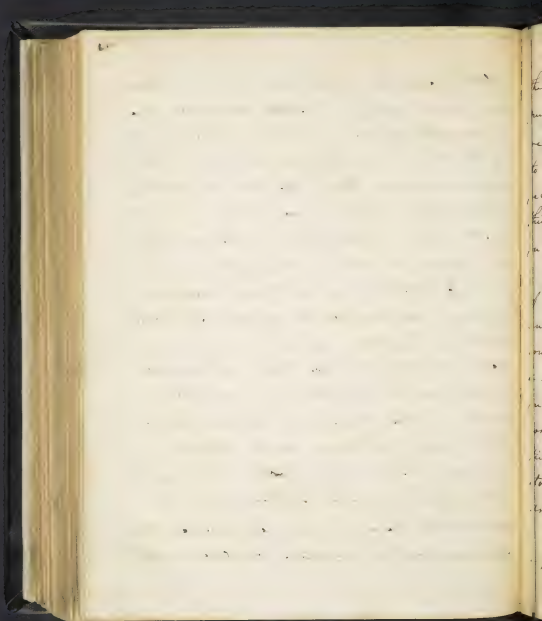
a liniment by an addition of the liquor of the sub acetate of lead or Goulard's extract. Opium with simple cerate or with cerate of the acetate of lead is also to be prized as a mean of alleviating pain. If the tumour be large & recent, the coagulum of blood may be evacuated by a puncture with a lancet.

Balsam Copaiva is supposed to remove inflammation from mucous membranes & is therefore recommended by many in Hemorrhoides Blanchæ & even in other forms of the disease.

Open Piles, as I have before, remarked are much less painful than the other forms, & where the discharge is moderate, all that is requisite is to avoid excess of exercise & pay proper attention to the diet. If the patient is



plethora in his habit, he must be bled  
 & a recurrence of his state avoided by a  
 moderate degree of exercise & the course  
 of treatment usually pursued under these  
 circumstances. But if the flux be excessive,  
 & this is to be determined rather by its ef-  
 fects on the system, than by the quantity,  
 the patient should be confined to a hori-  
 zontal position, on a matras in a cool  
 room. He should be rigorously abstin-  
 ent in his diet & make use of cooling  
 acidulated drinks; cold astringent  
 solutions should be thrown into the  
 rectum or the powder of burnt cork or  
 flour may be blown on the bleeding  
 surface, they act by choking the orifices  
 of the effusing vessels. If these fail to  
 arrest the hemorrhage, introduce the  
 sponge tent, or charpie coated with



the white of eggs if they produce so much irritation that they cannot be retained, we must have recourse to some caustic - the French surgeons recommend the actual cautery - if every thing else fail, this as a dernier resort may be used.

Where from an entire suppression of a habitual flux alarming symptoms ensue, we should if they cannot be overcome by a remedy less disagreeable, induce a return of the bleeding by leeches, or by making use of some of those applications which we mentioned among the exciting causes, such as irritating suppositories, warm & stimulating injections drastrictic purges &c.

If a surgeon is called on to relieve a patient suffering with "blind piles" &





finds that from inflammation or ulceration, they keep up an irritable action - or that they oppose the expulsion of feces, to such a degree as to cause a protrusion of the intestines - or that they give rise to considerable inconvenience of any kind, he should operate.

For this purpose caustic, the actual cautery, the ligature & excision have been used.

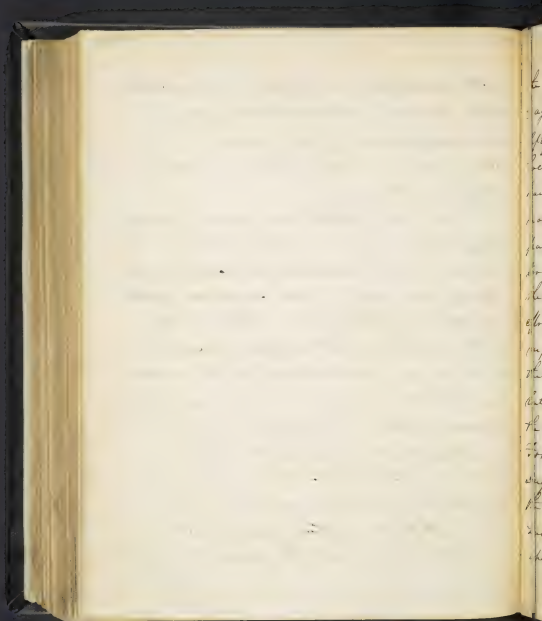
Caustics are slow in effecting a cure & irritating and extend their action beyond the point to which applied; they have therefore been entirely thrown aside.

The use of the actual cautery has been almost limited to the ancient surgeons - It is so exceedingly painful, gives rise to such severe & unmanageable



able symptoms & is withal so formidable to the patient that it is now entirely renounced as one of the means of operating & is used at present only to restrain excessive bleeding.

The first of the two means of operating that remain to be spoken of, has received high commendations, particularly from some of the surgeons of our own country, than whom there is no better authority. It is often successful & never causes hemorrhage, & the advantage which it possesses under any circumstances, is that it is, of all means of operating, least alarming to a timid patient. On the other hand may be urged that it always occasions severe pain & that it is often imprudent to treat all the tumours at the same time &



the irritation of the first ligature increases & aggravates the tension & pain of those left. Tetanus has been known to follow. <sup>worst cases of</sup> Even, death, the effect of this operations have been recorded. These effects are not astonishing, when we reflect that a part of the intestine, especially in internal piles, is really strangulated; and the worst consequences of strangulation, says Lawrence in his excellent work on ruptures, informs us, do not arise from the mechanical obstruction of the bowels, but from the inflammatory affection of the intestine caused by the strangulation. For these & other reasons Boyer, Sabatier, Dupuytren, Petit, Cooper & many others of the most eminent European surgeons have rejected the ligature & adopted the operation of excision as the safest, most



prompt, most effectual & least painful method.

Previously to operating, restore to a healthy state the digestive organs. Let the patient endeavour without straining, to acquire a habit of daily evacuating the bowels, & we should empty them immediately before the operation by such medicine as will not cause a continuance of irritation & purging.

The tumour should be protruded as far as possible by the efforts of the patient, & these can be greatly facilitated by directing him to sit over a tub of hot water. Wash them perfectly clean with tepid water, seize the pile with a pair of forceps or what is far better. a pair of double hooks of proper size & when drawn tense perpendicularly from





the bowel, remove it with a bistoury =  
Scissors are used by many surgeons  
& may often answer the purpose, but there  
is far less precision in their stroke than  
in that of a knife. The incision in the  
instance of both the pile & the thickened  
plant of the bowel, should be longitudinal.  
If there be a transverse fold, take  
away two elliptical portions in the long  
axis of the rectum. Such nearly are the  
precepts of *esse Abernethy*.

After the operation replace the bow-  
el above the grasp of the sphincter. This  
precaution is to be particularly attended  
to, that we may prevent irritation. There  
will be generally no impropriety in allow-  
ing the wound to bleed as long after the  
operation as there is a tendency to stop.  
After this place the patient on a hard



bed in a cool place & direct that the anus be occasionally bathed with cold water, for if he be placed in a warm bed immoderate hemorrhage will be apt to supervene, & the blood effused into the rectum acting as a stimulant, must necessarily be evacuated per anum, in this act the wounded parts are again protruded & injured. If the proper treatment be pursued, little or no danger attends the operation & in the course of an hour or two the patient feels free from all uneasiness. Hemorrhage may occur notwithstanding our precautions & is then to be controlled as mentioned when speaking of open piles.

It is a very necessary point of attention to keep the parts undisturbed as long as possible after the operation. The patient should therefore be restricted in his



diet & use those articles only which afford,  
 after the process of digestion, the least  
 residue. If the cathartic which was given  
 before the operation should threaten to  
 act after it, an opiate will generally  
 obviate its effects. In this way an evac-  
 nation may be averted for five or six  
 days. *esr Abernethy* states that under  
 these circumstances the bowels may re-  
 main dormant ten days. During this pe-  
 riod the wound generally heals & the evac-  
 nations which follow are unattended by  
 hemorrhage or descent of the intestine.  
 But if from any cause sensations irre-  
 sistably requiring saline evacuations  
 for their relief, arise, it is advisable  
 to order a dose of Castor oil & an injec-  
 tion of tepid water to break down &  
 dissolve the hardened feces. After



this discharge, wash clean & replace any part of the bowels which may have been everted, & check the purging by giving a small dose of tannum.

The operation is always beneficial, but a permanent exemption is to be secured only by removing the remote cause of the disease.

the business would be done with  
 part of the funds which were  
 then available & which the company  
 a small sum of £1000  
 The object was to always have  
 said, but a few months ago  
 & the money was by the way  
 sent down by the bank